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PTO/SB/21 (05-03)

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<h2 style="text-align: center;">TRANSMITTAL FORM</h2> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/771,263
		Filing Date	January 26, 2001
		Continuation Number	7988
		Inventor Name	GRANGER, GALE A.
		Group Art Unit	1642
		Examiner Name	YAEN, CHRISTOPHER H.
		Attorney Facket Number	IRVN-005CIP
Total Number of Pages in This Submission		15	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form in Duplicate <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Signing Attorney/Agent (Reg. No.)	CAROL L. FRANCIS, 38,513 BOZICEVIC, FIELD & FRANCIS LLP		
Signature			
Date	December 3, 2003		

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.6(a)(1)(b) addressed to: on this date: December 3, 2003.			
Typed or printed name	Martha Cisneros	Fax Number	(703) 872-9306
Signature		Date	December 3, 2003

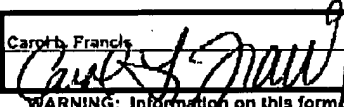
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PIO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004				Complete if Known																																																																																																																																																																																															
<p style="font-size: 0.8em;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$475.00)</p> <p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order</p> <p><input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field & Francis LLP</p> <p>The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application.</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <p style="text-align: center;">FEE CALCULATION</p> <div style="border: 1px solid black; padding: 5px;"> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; font-size: 0.7em;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>340</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>180</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (1)</td><td></td></tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px;"> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; font-size: 0.7em;"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims - 20** =</td><td>x</td><td>=</td></tr> <tr><td>Indep. Claims - 3** =</td><td>x</td><td>=</td></tr> <tr><td>Multiple Dependent</td><td></td><td>=</td></tr> </tbody> </table> <table border="1" style="width: 100%; font-size: 0.7em;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>2202</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>88</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>200</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>88</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (2)</td><td></td></tr> </tbody> </table> <p><small>**or number previously paid, if greater. For Reissue, see above.</small></p> </div>				Large Entity	Small Entity	Fee Description	Fee Paid	1001	770	Utility filing fee		1002	340	Design filing fee		1003	530	Plant filing fee		1004	770	Reissue filing fee		1005	180	Provisional filing fee		SUBTOTAL (1)				Extra Claims	Fee from below	Fee Paid	Total Claims - 20** =	x	=	Indep. Claims - 3** =	x	=	Multiple Dependent		=	Large Entity	Small Entity	Fee Description	Fee Paid	1202	2202	Claims in excess of 20		1201	88	Independent claims in excess of 3		1203	200	Multiple dependent claim, if not paid		1204	88	** Reissue independent claims over original patent		1205	18	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				<p>Application Number: 09/771,263</p> <p>Filing Date: January 26, 2001</p> <p>First Named Inventor: GRANGER, GALE A.</p> <p>Examiner Name: YAEN, CHRISTOPHER H.</p> <p>Art Unit: 1642</p> <p>Attorney Docket No.: IRVN-005CIP</p>																																																																																																																											
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<p>SUBMITTED BY</p> <p>Name (Print/Type): Carol B. Francis</p> <p>Signature: </p>				<p style="text-align: center; font-size: 0.8em;">Complete (if applicable)</p> <p>Request (with App. Attorney/Agent): 36,513</p> <p>Technician: (610) 833-7713</p> <p>Date: 12/03/2003</p>																																																																																																																																																																																															

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